

DOF/RLT
#807

Docket No.: 049677-0165

PATENT

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re Application of : Customer Number: 20277
Kazunori TANAKA, et al. : Confirmation Number: Not yet assigned
Application No.: 10/523,994 : Group Art Unit: Not yet assigned
Filed: February 09, 2005 : Examiner: Not yet assigned
For: BUFFERED OPTICAL FIBER, AND BUFFERED OPTICAL FIBER TERMINATED WITH CONNECTOR

REQUEST FOR REFUND

Mail Stop Request for Refund
Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

Sir:

A refund in the amount of \$100.00 is hereby requested in the above-identified application for the following

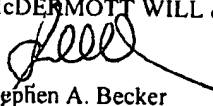
reason: 9/11

This National Stage Application was filed together with an International Search Report and the Search Fee of \$400. In accordance with 37 CFR 1.492 (b)(2) (as revised and not paid before December 8, 2004) the correct fee of \$400 was paid. It is therefore requested a refund be granted.

Please immediately credit Deposit Account number 500417 in this amount.

Respectfully submitted,

McDERMOTT WILL & EMERY LLP


Stephen A. Becker
Registration No. 26,527

600 13th Street, N.W.
Washington, DC 20005-3096
Phone: 202.756.8000 SAB:blg
Facsimile: 202.756.8087
Date: April 27, 2005

Please recognize our Customer No. 20277 as our
correspondence address Adjustment date: 06/16/2005 RWHITE1
02/17/2005 LLANDGRA 00000000 500417 10523994
02 FC:1632 500.00 CR

06/16/2005 RWHITE1 00000003 500417 10523994
01 FC:1642 400.00 DA

500 6/16/05

REQUEST FOR PATENT FEE REFUND			
1 Date of Request: <u>4/27/05</u>		2 Serial/Patent # <u>523994</u>	
3 Please refund the following fee(s):		4 PAPER NUMBER	5 DATE FILED
<input checked="" type="checkbox"/>	Filing <u>Fee Change</u>		\$ <u>100.00</u>
<input type="checkbox"/>	Amendment		\$
<input type="checkbox"/>	Extension of Time		\$
<input type="checkbox"/>	Notice of Appeal/Appeal		\$
<input type="checkbox"/>	Petition		\$
<input type="checkbox"/>	Issue		\$
<input type="checkbox"/>	Cert of Correction/Terminal Disc.		\$
<input type="checkbox"/>	Maintenance		\$
<input type="checkbox"/>	Assignment		\$
<input type="checkbox"/>	Other		\$
		7 TOTAL AMOUNT OF REFUND	
		\$ <u>100.00</u>	
		8 TO BE REFUNDED BY: <u>CC</u>	
		<input checked="" type="checkbox"/> Treasury Check <input checked="" type="checkbox"/> Credit Deposit A/C #: <u>50--0417</u>	
10 REASON:			
<input checked="" type="checkbox"/>	Overpayment		
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<input type="checkbox"/>	No Fee Due (Explanation):		
11 REFUND REQUESTED BY:			
TYPED/PRINTED NAME: <u>Rita White</u>		TITLE: <u>Legal Assistant Examiner</u>	
SIGNATURE: <u>Rita White</u>		PHONE: <u>7/308-9140 ext. 231</u>	
OFFICE: <u>DO/EO</u>			
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APPROVED: _____		DATE: _____	

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